

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

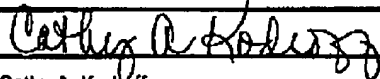
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                      |                        |           |
|---|----------------------|------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/828,943             |           |
|   | Filing Date          | July 25, 2003          |           |
|   | First Named Inventor | Rubino                 |           |
|   | Art Unit             | 1615                   |           |
|   | Examiner Name        |                        |           |
| Total Number of Pages in This Submission  | 4                    | Attorney Docket Number | AM-100802 |

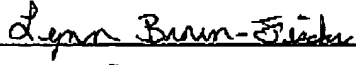
**RECEIVED**  
**CENTRAL FAX CENTER**
**AUG 30 2005**

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input checked="" type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks _____<br><br>Customer Number 38199<br>Facsimile Number 1-571-273-8300   |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | HOWSON AND HOWSON   |          |        |
| Signature    |  |          |        |
| Printed name | Cathy A. Kodroff  |          |        |
| Date         | August 30, 2005   | Reg. No. | 33,980 |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |   |      |                 |
|---|---|------|-----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |   |      |                 |
| Signature   |  |      |                 |
| Typed or printed name   | Lynn Brown-Fischer  | Date | August 30, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**RECEIVED  
CENTRAL FAX CENTER**

AUG 30 2005

AM-100802

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No. : 10/626,943 Confirmation No.: 3231  
Applicant : Rubino et al  
Filed : July 25, 2003  
Art Unit : 1615  
Examiner :  
Customer No. : 38199  
Title : PARENTERAL FORMULATIONS

Commissioner for Patents  
Box 1450  
Alexandria, VA 22313-1450

**STATUS INQUIRY**

Sir:

Applicants note that an Information Disclosure Statement was filed on October 22, 2003 and a Supplemental Information Disclosure Statement was filed by express mail on November 21, 2003. However, 23 months have passed since Applicants and the undersigned attorney filed the above-identified patent application.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile  
Transmitted to the United States Patent and Trademark Office  
on August 30, 2005.


Signature: Lynn Brown-FischerTyped or printed name: Lynn Brown-Fischer

As no office actions have been received to date, Applicants and the undersigned attorney respectfully request a report on the present status of this application. Kindly check the appropriate box on the attached Status Inquiry Reply.

In the alternative, it is respectfully requested that the Examiner contact the undersigned attorney by telephone at the telephone number listed below to discuss the status of this application or reply via telefacsimile.

Respectfully submitted,

HOWSON AND HOWSON

BY   
Cathy A. Kodroff  
Registration No. 33,980  
Spring House Corporate Center  
Box 457  
Spring House, PA 19477  
Telephone: (215) 540-9210  
Telefacsimile: (215) 540-5818

# STATUS INQUIRY REPLY

Application No. 10/626,943 is currently:

\_\_\_\_\_ Assigned to Group \_\_\_\_\_ and awaits:

\_\_\_\_\_ Action by the Examiner

\_\_\_\_\_ Applicant's response to the Office Action mailed on \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_